

The Honorable Michael C. Burgess, M.D.

The Chairman of the Committee on Rules

Representative of the 26th District of Texas

Chair Sanders, Ranking Member Cassidy, and members of the Senate Health, Education, Labor, and Pensions Committee, thank you for the opportunity to speak at today's hearing.

I am Representative Michael C. Burgess from Texas' 26th District. Before coming to Congress, I dedicated nearly three decades to practicing medicine in Texas. Between myself, my grandfather, and my father combined we have practiced medicine for nearly the whole of the twentieth century. Practicing medicine can be very complex. However, I chose obstetrics since there is almost always a satisfactory result. I spent time in residency as an OB-GYN at Parkland Memorial Hospital in Dallas, Texas. Statistically, Parkland had some of the best outcomes in the country due to its emphasis on proper care and attention of patients. At the time, I remember the Chairman of the Department of Obstetrics and Gynecology pointed out that the practice of obstetrics is unique in medicine, and those privileged enough to continue were going to be charged with taking care of two patients with a combined life expectancy of 100 years. Nowhere else in medicine does one have the ability to do that.

The patient population near Parkland often came from both rural and urban communities in Dallas. In my time, the clientele was multi-ethnic, largely uninsured, or underinsured. Throughout my career, I have delivered over 3,000 babies and treated patients who had suffered from miscarriages, ectopic pregnancies, stillbirths, sickle cell, and other life-threatening conditions. Whether my responsibility was to step in and deliver a baby, or save a life, it was done without hesitation. For this reason, I've spent my career trying to increase access to quality health care for patients, both through my experience as a physician and as a legislator.

In 2005, I became aware of the rising infant mortality rates in Southeast Fort Worth. Despite the challenges, it took several years of concerted effort, but eventually, I successfully established a Federally Qualified Health Center (FQHC) with a maternal unit. Remarkably, the center was opened through a longstanding collaboration with the Democratic County Commissioner and Mayor of Fort Worth. It was my experience, expertise, and passion in maternal health care that led me to championing this issue in Congress as well as other health issues aimed at improving health disparities.

The alarming trend in our country's rate of maternal mortality first came to my attention in September of 2018, when I was reading my copy of the Green Journal. The original research cited in the journal stated that maternal mortality rates increased in Texas between 2011 and 2012.¹ The new study found that the number of maternal deaths in Texas in 2012 was less than half the number previously reported.

The peer-reviewed research, published in the journal *Obstetrics & Gynecology*, determined there were 56 maternal deaths among Texas residents compared with 147 reported in national statistics.² Later on, it was released that the state overcounted the deaths due to a new method of how Texas was reporting data that was different than other states. This retraction of the study made disputes over the statistics the subject of national news coverage as opposed to the lives that need saving.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5001799/>

² https://journals.lww.com/greenjournal/abstract/2018/05000/identifying_maternal_deaths_in_texas_using_an.3.aspx

I believe that any maternal death is one too many. It is important that we capture these deaths accurately to understand the scope of maternal mortality in the United States and have a better understanding of how to address them. In combination, we cannot legislate good practice, but we can provide the tools to be able to come up with best practices and increase access to maternity care. These critical points have influenced my policy work during my time as a legislator.

Throughout the years, I have worked across the aisle on several pieces of legislation that became law, including H.R. 315 The Improving Access to Maternity Care Act and H.R. 4387 The Maternal Health Quality Improvement Act. Additionally, I am currently a lead sponsor of H.R. 3838 The Preventing Maternal Deaths Reauthorization Act, H.R. 7432 The Sickle Disease Comprehensive Care Act, and H.R. 3226 The PREEMIE Reauthorization Act of 2023. In the past, I have led critical reauthorizations of Title VII Health Professional Education and Training Programs to increase access to health care in underserved areas and diversify the health care workforce. I also worked on H.R. 5395 The Expanding Connectivity for Health Outcomes Act (ECHO) Act, which promoted connection between primary care providers and specialists, increasing access to specialty care for underserved communities.

Part of the goal of H.R. 3838 was to establish Maternal Mortality Review Committees (MMRCs). These multidisciplinary committees review the causes of maternal deaths in their state or other localities and make recommendations based on their findings to prevent future deaths and improve maternal health outcomes during pregnancy, childbirth, and the postpartum period. Through my work on this legislation, Maternal Mortality Review Committees were able to discover that 53% of pregnancy-related deaths happen between seven days and one-year post-partum, leading to the critical extension of the state plan amendment for Medicaid and Children's Health Insurance Program (CHIP) 12-month post-partum coverage.³ This year, effective March 1st, 2024, Texas extended postpartum coverage to the full 12 months for eligible Medicaid and Children's Health Insurance Program (CHIP) recipients through the Texas Health and Human Services Commission.

I cannot stress enough the importance of continuing bipartisan work to reduce disparities and improve outcomes, as well as bolster our public health workforce. Throughout the years, I've developed great working relationships with members such as Reps. Lisa Blunt Rochester, Robin Kelly, and Danny Davis. It is through these great partnerships that we influence and expand our understanding of health care policy in the nation. With that knowledge, it is my belief that Congress should examine the effectiveness of our existing programs and determine what changes may be necessary to achieve these goals.

Congress has an important role, but so do community/physician-led efforts. The work of Congress should be informed by what's happening on the ground. It is our passion and work that define who we are and leave a lasting imprint on Capitol Hill, shaping policies, building relationships, and fostering change that impacts the lives of countless American patients.

Thank you for having me today and for holding this hearing on such important topics. It has been a privilege to discuss my work and experience with you.

^{3 3} <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>